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L4 and (healthcare or clinic\$6 or hospital\$4) same (sav\$4 or fund\$6)	1

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### Search History

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<u>L5</u> L4 and (healthcare or clinic\$6 or hospital\$4) same (sav\$4 or fund\$6)	1	<u>L5</u>
<u>L4</u> L2 and network\$6 same (high\$3 or maximiz\$6 or increas\$6 or maximum or expenditure or expand\$6 or augment\$6) same (project\$6 or outcome)	1	<u>L4</u>
<u>L3</u> L2 and network\$6 same (high\$3 or maximiz\$6 or increas\$6 or maximum) same (project\$6 or outcome) same (sav\$4 or stor\$3 or repositor\$3 or debit\$3 or credit\$3)	0	<u>L3</u>
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L5: Entry 1 of 1

File: USPT

Dec 1, 1998

DOCUMENT-IDENTIFIER: US 5845254 A

TITLE: Method and apparatus for objectively monitoring and assessing the performance of health-care providers based on the severity of sickness episodes treated by the providers

Detailed Description Text (8):

Referring still to FIG. 3, an exemplary data record stored in secondary health-care database 20 includes a claim record type field 21 for identifying the type of claim associated with the data record; a provider identification field 22 containing an alphanumeric code representing the health-care provider in the network associated with the claim; a date-of-service field 23 representing the date of service associated with the claim; a service provided code field 24 containing a code representing the service or procedure that the health-care provider performed; and a patient account number field 25. Fields 21, 22, 23, 24 and 25 correspond substantially to fields 11, 12, 13, 15 and 16 discussed more fully above. The data records stored in database 20 also include a secondary diagnosis code field 26a, a tertiary diagnosis code field 26b, a fourth diagnosis code field 26c and a fifth diagnosis code field 26d. As mentioned above, although a health-care provider submitting a claim may make multiple diagnoses during treatment of an individual patient, only the primary diagnosis is used for processing the claim for payment. All diagnoses other than the primary diagnosis are saved by the present invention and stored in the form of codes in fields 26a-d. Each data record stored in database 20 also includes a hospital revenue code field 27 which is used to identify an entity within a hospital that performed a service or procedure for which payment is being requested. By way of example, field 27 may be used to indicate whether a patient received care in a regular care room or an intensive care unit.

Detailed Description Text (21):

Referring still to FIG. 7, in step 210 the budget monitoring sub-system selects a medical condition for cost assessment. The selected condition will correspond, for example, to a specific medical condition typically treated by health-care providers in the health-care network. In step 220, the budget monitoring sub-system determines the actual costs expended by all providers in the network in treating the selected condition. Thus, for example, if the condition selected in step 210 corresponded to severe coronary artery blockage, the actual cost figure determined in step 220 may include all costs spent by the network as a whole in performing coronary bypass surgery. In steps 230 and 240, the actual cost figure expended on the selected condition is compared against a predetermined budgeted cost amount for treating the selected condition. In one embodiment, this predetermined budget cost amount is determined by looking at amounts previously expended by the network on treating the selected condition, and then using these previous expenditure amounts as a basis for projecting what amounts should be budgeted presently for treating the selected condition. If in step 240 the budget monitoring sub-system determines that the actual cost for treating the selected condition exceeds the budgeted amount for treating the condition, then systems 300 and 400 are employed to attempt to identify the cause of the overrun. Alternatively, if no budgetary overrun is identified in step 240, then the process is repeated from step 210 for a further

selected condition. In the preferred embodiment, the budget monitoring sub-system of steps 210-240 is used on a regular basis (e.g., weekly, monthly or quarterly) to evaluate each condition typically treated by providers in the network and determine whether the costs expended in treating each such conditions are within budgeted amounts.

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L4: Entry 1 of 1

File: USPT

Dec 1, 1998

DOCUMENT-IDENTIFIER: US 5845254 A

TITLE: Method and apparatus for objectively monitoring and assessing the performance of health-care providers based on the severity of sickness episodes treated by the providers

Detailed Description Text (21):

Referring still to FIG. 7, in step 210 the budget monitoring sub-system selects a medical condition for cost assessment. The selected condition will correspond, for example, to a specific medical condition typically treated by health-care providers in the health-care network. In step 220, the budget monitoring sub-system determines the actual costs expended by all providers in the network in treating the selected condition. Thus, for example, if the condition selected in step 210 corresponded to severe coronary artery blockage, the actual cost figure determined in step 220 may include all costs spent by the network as a whole in performing coronary bypass surgery. In steps 230 and 240, the actual cost figure expended on the selected condition is compared against a predetermined budgeted cost amount for treating the selected condition. In one embodiment, this predetermined budget cost amount is determined by looking at amounts previously expended by the network on treating the selected condition, and then using these previous expenditure amounts as a basis for projecting what amounts should be budgeted presently for treating the selected condition. If in step 240 the budget monitoring sub-system determines that the actual cost for treating the selected condition exceeds the budgeted amount for treating the condition, then systems 300 and 400 are employed to attempt to identify the cause of the overrun. Alternatively, if no budgetary overrun is identified in step 240, then the process is repeated from step 210 for a further selected condition. In the preferred embodiment, the budget monitoring sub-system of steps 210-240 is used on a regular basis (e.g., weekly, monthly or quarterly) to evaluate each condition typically treated by providers in the network and determine whether the costs expended in treating each such conditions are within budgeted amounts.

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